

TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM: COMMANDER, NAVAL SERVICE TRAINING COMMAND 2601A PAUL JONES STREET GREAT LAKES IL 60088						2. STANDARD DOCUMENT NO.		
3. TO:						4. TANGO NO.		
						5. SSN/DESIGNATOR		
						6. DATE		
7. REF (A)						8.		
9. PROCEED ON OR ABOUT		AUTHORIZED PROCEED ON OR ABOUT		10. APPROXIMATE NUMBER OF DAYS		12. ESTIMATED DATE OF RETURN		
13. ITINERARY (Activity/activities and Place/places indicated below) FM NSTC GREAT LAKES TO AND RETURN						14. <input type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS		
						15. REASON FOR TRAVEL:		
						16. <input type="checkbox"/> AUTHORIZE VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY		
17. FISCAL DATA ACCOUNTING CLASSIFICATION								
APPROPRIATION SYMBOL AND SUB-HEAD (1)	OBJECT CLASS (2)	BU CONT NUMBER (3)	SUB-ALLOT NUMBER (4)	AUTHORIZED ACCTG ACTY (5)	TYPE (6)	PROPERTY ACCTG ACTY (7)	COST CODE (8)	
(7 SYM)	(4 SYM)	(3 SYM)	(5 SYM)	(1 SYM)	(2 SYM)	(6 SYM)	(12 SYM)	
18. ESTIMATED COST						19. CUSTOMER IDENTIFI CATION CODE		
TRANSPORTATION	PER DIEM	MISC. ESP.		TOTAL				
\$	\$	\$		\$				
20. ITEM: (Use applicable item numbers as shown on reverse side of this form)								
"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expense"								
21. ADDITIONAL COMMENTS AND INSTRUCTIONS:						22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A _____ _____ BASED _____ COMPLETED _____ BY _____ (PLUS _____ YEARS SERVICE)		
22. AUTHENTICATING SIGNATURE M. M. KOLAR, CAPT, USN, CHIEF OF STAFF								
24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:								
25. COPY TO: (Include Operating Budget/fund manager in all cases)								